

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) LOM-0043								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 5px;">In re Application of Jerome TAUZIN et al.</td> </tr> <tr> <td style="padding: 5px;">Application Number 10/519,164</td> <td style="padding: 5px;">Filed AUGUST 30, 2005</td> </tr> <tr> <td colspan="2" style="padding: 5px; text-align: center;">USE OF CAESIN PEPTIDES TO TREAT For HYPERTENSION</td> </tr> <tr> <td style="padding: 5px;">Group Art Unit 1654</td> <td style="padding: 5px;">Examiner AUDET, MAURY A</td> </tr> </table>			In re Application of Jerome TAUZIN et al.		Application Number 10/519,164	Filed AUGUST 30, 2005	USE OF CAESIN PEPTIDES TO TREAT For HYPERTENSION		Group Art Unit 1654	Examiner AUDET, MAURY A
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<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <div style="display: flex; justify-content: flex-end;"> <div style="text-align: right;"> <p><input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) \$<u>120.00</u></p> <p><input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) \$ _____</p> <p><input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) \$ _____</p> <p><input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) \$ _____</p> <p><input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) \$ _____</p> </div> </div> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ ____.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input checked="" type="checkbox"/> Payment by credit card via EFS.</p> <p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>13-3402</u>.</p> <p style="padding-left: 40px;">I have enclosed a duplicate copy of this sheet.</p> <p>I am the <input type="checkbox"/> applicant/inventor.</p> <p style="padding-left: 40px;"><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71</p> <p style="padding-left: 80px;">Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> attorney or agent of record.</p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34(a).</p> <p style="padding-left: 80px;">Registration number if acting under 37 CFR 1.34(a). _____.</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="text-align: center;"> <p>_____ 11/26/07 Date</p> </div> <div style="text-align: center;"> <p>_____ /Anthony J. Zelano/ Signature</p> <p>_____ Anthony J. Zelano, Reg. No. 27,969 Typed or printed name</p> </div> </div> <p style="font-size: small; margin-top: 10px;">NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.</p>										